



**APPLICATION FOR
ROLLOVER ACCOUNT**
State Form 51003 (R / 8-08)

*** PRIVACY NOTICE**

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory; this form will not be processed without the information

INSTRUCTIONS:

1. Please *TYPE* or *PRINT*. Use *black ink*.
2. Return the completed form directly to *PERF*. **Do not return the instruction pages.**

STEP 1: Member Information

Social Security Number *		Date (month, day, year)	
First name	Middle initial	Last name	
Address (number and street)			
City		State	ZIP code
Home telephone number ()		Other telephone number ()	
E-mail address			

STEP 2: Rollover Account Investment Directions – All investment choices in this box must total 100%.

	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Money Market Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S&P 500 Index Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US Small Companies Stock Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Equity Index Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I revoke any previous investment directions for my rollover account and hereby direct the above investments, effective this date. I understand that these choices do not apply to the investment of my annuity savings account.

Signature of member	Date (month, day, year)
---------------------	-------------------------

APPLICATION FOR ROLLOVER ACCOUNT (continued)

State Form 51003 (R / 8-08)

Name of member (last, first, middle initial)	Social Security Number
--	------------------------

STEP 3: Beneficiary Information (Attach additional copies of this page if necessary.)Additional pages are attached. ☐ Yes ☐ No**Primary Beneficiary or Beneficiaries**

Name of beneficiary (last, first, middle)		Social Security Number or tax identification number	
Date of birth (month, day, year)		Relationship to member	
Address (number and street)	City	State	ZIP code
Name of beneficiary (last, first, middle)		Social Security Number or tax identification number	
Date of birth (month, day, year)		Relationship to member	
Address (number and street)	City	State	ZIP code

Contingent Beneficiary or Beneficiaries

Name of beneficiary (last, first, middle)		Social Security Number or tax identification number	
Date of birth (month, day, year)		Relationship to member	
Address (number and street)	City	State	ZIP code
Name of beneficiary (last, first, middle)		Social Security Number or tax identification number	
Date of birth (month, day, year)		Relationship to member	
Address (number and street)	City	State	ZIP code

In accordance with the provisions of Indiana Code § 5-10.2-3, I designate my beneficiary or beneficiaries for my rollover account as shown above. I understand that this designation of beneficiary supersedes and replaces any prior designation of beneficiary or beneficiaries for my rollover account that may have been made. If the primary beneficiary or beneficiaries herein designated survive me, they shall receive the funds, if any, that are payable by the fund to a designated beneficiary. If the primary beneficiary or beneficiaries do not survive me, then the contingent beneficiary or beneficiaries shall receive such funds. If none survive me, then the beneficiary shall be my estate. I reserve the right to change the primary or contingent beneficiaries at any time prior to distribution of my rollover account by filing a Change of Beneficiary form with the Board of Trustees of the Fund. Such a change must be received and accepted by the fund for it to become effective.

Signature of member	Printed name	Date (month, day, year)
---------------------	--------------	-------------------------

APPLICATION FOR ROLLOVER ACCOUNT (continued)

State Form 51003 (R / 8-08)

Name of member <i>(last, first, middle initial)</i>	Social Security Number
---	------------------------

STEP 4: Certification by Plan Administrator or Financial institution***Please select one of the following.***

I certify that the amount being transferred is an eligible rollover distribution as defined by the Internal Revenue Code and is from a source listed below:

- ☐ A qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code.
- ☐ An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
- ☐ An eligible plan maintained by a state, political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.
- ☐ An individual retirement account (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code.

Signature of plan administrator or financial institution representative		Date <i>(month, day, year)</i>	
Printed name of plan administrator or financial institution representative		Name of plan or financial institution	
Address <i>(number and street)</i>			
City		State	ZIP code
Home telephone number ()		Other telephone number ()	
Amount of investment \$			
Method of payment <i>(select one)</i> <input type="checkbox"/> Direct rollover (check enclosed) <input type="checkbox"/> Electronic funds transfer (EFT) <i>PERF will provide bank and account names, routing code, and account number.</i>			

INSTRUCTIONS FOR COMPLETING STATE FORM 51003, ROLLOVER ACCOUNT APPLICATION

IMPORTANT:

1. Remove the form. Do not return these instructions to PERF.
2. Please type or print. Use black ink.
3. Complete all information. Remember to put your name and Social Security Number at the top of every page.
4. Return the completed form directly to PERF at the address below.

General Information

IC 5-10.2-3-10 permits active PERF members to deposit with PERF funds rolled over from any of the following sources:

1. A qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code.
2. An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
3. An eligible plan maintained by a state, political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.
4. An individual retirement account (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code.

The funds in your rollover account may be invested in any of the current investment options except the Guaranteed Fund. These funds may be withdrawn at any time prior to retirement. At retirement, these funds may be combined with your pension and your annuity savings account as part of your total benefit.

STEP 1: Member Information

Member's Social Security Number: Enter all nine digits of the Social Security Number.

Your application will not be processed without this information.

Date: Enter the date you completed the application.

Member's First Name: Enter the first name.

Member's Middle Initial: Enter the middle initial.

Member's Last Name: Enter the last name.

Member's Address: Enter the full street address, including apartment number or post office box number.

City: Enter the city.

State: Enter the state.

ZIP Code: Enter the five or nine-digit ZIP code.

Member's Telephone Number: Enter the telephone numbers, beginning with area code.

If available, please provide separate home and other telephone numbers.

E-mail address: Enter the E-mail address, if available.

STEP 2: Rollover Account Investment Directions

The choices you make here will tell us how to invest your funds. Please select your investment choices.

Important - Your investment choices must total 100%.

Signature of Member: After making your choices, you must sign and date this section.

IMPORTANT:

The statute which created the rollover account investment option did not authorize investment of this money in the Guaranteed Fund. You cannot invest your rollover account in the Guaranteed Fund.

STEP 3: Beneficiary Information

Please check "Yes" or "No" for additional pages. Please provide the following information for each beneficiary:

Beneficiary's Name: Enter your beneficiary's first, middle, and last names. Do not use initials.

Beneficiary's Social Security Number: Enter all nine digits of the Social Security Number.

Relationship to Member: Enter the relationship of your beneficiary to you; e.g. spouse, child, etc.

Beneficiary's Address: Enter the full street address in which your beneficiary currently resides.

City: Enter the city in which your beneficiary currently resides.

State: Enter the state in which your beneficiary currently resides.

ZIP Code: Enter the five or nine-digit ZIP code in which your beneficiary currently resides.

Signature of Member: You must sign this page.

STEP 4: Certification by Plan Administrator or Financial institution

This section must be completed and signed or the rollover will not be accepted.

Please have an authorized agent of the plan administrator or financial institution complete this section.

Please indicate the type of plan by marking the appropriate box.

Amount of Investment: The plan administrator or financial institution must enter the amount of the member's investment.

Method of Payment: Select only one method of payment. Please do not staple checks to the application.

Note: PERF will provide bank and account names, routing code, and account number for EFT transactions upon request.

Once the form has been completed according to these instructions, return the form (DO NOT return the instructions) to the Public Employees' Retirement Fund at the following address:

Public Employees' Retirement Fund
143 West Market Street
Indianapolis, IN 46204

MEMBER NOTE – CHANGES TO INFORMATION

If you have any changes to any of the information on this form, such as name or address, please notify PERF immediately at the address above. Notifying PERF will ensure that you receive correct and important information regarding your rollover account in the future.

HELPFUL INFORMATION

PERF

TELEPHONE NUMBERS:

Indianapolis & vicinity (317) 233-4162

Toll-Free Number 1-888-526-1687

TDD (hearing impaired number) (317) 233-4160

PERF FAX Number (317) 234-5922

PERF on the Internet: www.in.gov/perf

PERF MEMBER HANDBOOK (latest edition)

PERF ANNUITY SAVINGS ACCOUNT INVESTMENT HANDBOOK

Internal Revenue Service

TELEPHONE NUMBERS:

Toll-Free Number 1-800-829-1040

TDD (hearing impaired number) 1-800-829-4059

TeleTax 1-800-829-4477

IRS website: www.irs.gov

E-MAIL: questions@perf.in.gov

IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION

IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS

Indiana Department of Revenue (DOR)

TELEPHONE NUMBERS:

Indianapolis & vicinity (317) 233-4018

TDD (hearing impaired number) (317) 233-4952

Individual Income Tax Questions (317) 232-2240

Outside of Indianapolis – See DOR website

DOR FAX Number (317) 233-2329

DOR website: www.in.gov/dor